

Attorney Ref. No.

As a below-named inventor, I hereby declare: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Patient Ventilation Devices, the specification of which

	(Check ~							
		as Application Serial No						
	ā	and was amende	d on			(if a	applicable).	
by any applicat or inver	amendment referred tion under 37 CFR 1. ntor's certificate listed	I to above, and a 56(a). I hereby o d below and have	stand the contents of the cknowledge a duty to claim priority benefits ure also identified below n(s) on which priority is	disclose information wheel 35 U.S.C. 119 bas any foreign application	nich is mate ed on any fo	erial to the exami preign application	nation of this n(s) for patent	
FORE	EIGN APPLICATION	(S), IF ANY, REF	ERRED TO ABOVE			· <del>-</del>		
	COUNTRY			DATE P		PRIORITY	PRIORITY CLAIMED	
			0023250.4	21 September 2000		YES X NO		
						YES	NO	
							_ NO	
Fiereby claim benefit under 35 U.S.C. 120 of any U.S. application(s) listed below. If the subject matter of any claim(s) of this application is not disclosed in the prior U.S. application(s) as required by paragraph one of 35 U.S.C. 112. I acknowledge as duty to disclose material information as defined in 37 C.F.R. 1.56(a) regarding occurrences between the filing date of the prior application(s) and the national or PCT international filing date of this application.								
APPLICATION SERIAL NUMBER			DATE		STATUS			
z Cl								
Hart Hart Hart								
hereby appoint Louis Woo, RN 31,730 and Robert R. Priddy, RN 20,169 as my attorneys with full power of substitution and revocation, or prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.  Address all communications to LAW OFFICES OF LOUIS WOO, 1901 North Fort Myer Drive, Suite 501, Arlington, Virginia 22209								
All state These s	ements made herein statements were mad	of my own knowl de with knowledge	ledge are true. All state that willful false staten ardize the validity of the	ements made on inforr nents and the like so ma	nation and bade are puni	belief are believe ishable by fine, ir	ed to be true.	
Note:	name be consisten	t throughout the a	your surname, using ir application papers. Sig le to the Patent and Tra	gning of an application	more than f	five weeks prior t	to filing or an	
۱.	Full name of invent	or Timothy Bate	man		074			
	Inventor's signaturé	<u> </u>	TBD	Date:	2114	July 2001		
	Residence D	ymchurch, Kent,	England					
	Citizenship - U							
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X Additional inventors listed



## ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY SECOND AND SUBSEQUENT INVENTORS

2.	Full name of inventor John Edward Nash	Date: 27/07/01				
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	Full name of inventor	Date:				
æ	Inventor's signature					
	Residence					
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	Post Office Address					
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	Inventor's signature					
	Residence					
	Citizenship					
	Post Office Address					
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	Residence					
	Citizenship					
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